

# APPLICATION FOR PERMIT/TRAINING BURN

## DETROIT FIRE DEPARTMENT FIRE MARSHAL DIVISION

250 W. Larned Street, Detroit, Michigan 48226  
Phone: 313-596-2931 Fax: 313-596-2978

For Office Use Only

Fee Paid: \_\_\_\_\_  
App. #: \_\_\_\_\_ Permit #: \_\_\_\_\_

### PLEASE TYPE OR PRINT LEGIBLY:

1. Applicant Name: \_\_\_\_\_ Position: \_\_\_\_\_
2. Business/Company Name: \_\_\_\_\_
3. Business Address: \_\_\_\_\_
4. Office Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
5. Site (Permit Location) Address: \_\_\_\_\_
6. Names and addresses and phone number (no P.O. Box) of all persons supervising burning operations (attach separate sheet, if necessary):  
\_\_\_\_\_  
\_\_\_\_\_
7. Number of instructors and trainees for class for which permit is requested.  
\_\_\_\_\_
8. On a separate sheet, describe, with specificity, the burning operation/ activity at Site and submit a Site Plan. What fuel source will be used during the burn and how will it be contained?
9. On a separate sheet, provide the details of any safety precautions implemented and lesson plan.
10. Attach plans/ drawings detailing where and how hazardous materials will be used during burning.
11. Attach a current copy of the certificate of insurance for the business operations of the entity requesting this permit.

### AFFIDAVIT OF APPLICANT

State of Michigan \_\_\_\_\_  
County of \_\_\_\_\_

\_\_\_\_\_ first being duly sworn deposes and says that all of the information provided to the City of Detroit on this application is true, complete and correct, and that any misstatement, falsification, omission, or misrepresentation shall be grounds for refusal of the permit or revocation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Executed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ (MONTH)

(YEAR) \_\_\_\_\_

Print Name: \_\_\_\_\_, Notary Public, \_\_\_\_\_ County

My Commission expires: \_\_\_\_\_